



Shabbona Village Office
 305 E. Comanche Ave
Shabbona Village Hall
 206 S. Blackhawk St.
Mailing Address: PO Box 263
Shabbona, IL 60550
815-824-3064

APPLICATION FOR BUILDING PERMIT

Property Owner Phone #		Alternate Phone #		Application Date	
Property Owner Name				Email Address	
Property Address				Parcel Identification Number (PIN):	
Nature of Work: <input type="checkbox"/> New <input type="checkbox"/> Addition <input type="checkbox"/> Alteration		<input type="checkbox"/> Demolition <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing		<input type="checkbox"/> Roof <input type="checkbox"/> Fence <input type="checkbox"/> Garage/Shed <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Deck <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Sign					
Project Description:					
Contractor Name & License #		Contractor Address:		Contractor Phone # & Email	

The applicant agrees to comply with the Municipal Ordinances and with the conditions of this permit; understands that the issuance of the permit creates no legal liability, express or implied, of the Department, Municipality, Agency, or Inspector; and certifies that all of the above information is accurate; agrees that all work performed under said permit will be in accordance with the approved plans, specifications, and plat diagram which accompanies this application, except for such changes as may be necessary and authorized by the Inspector.

Signature of Applicant		Date:	
PERMIT # _____			
PERMIT ISSUED BY _____		DATE _____	
B & F Construction Codes, Inc. 847-428-7010 For Inspections: inspectionrequests@bfccs.org		PERMIT FEES: \$ _____ \$ _____ \$ _____ TOTAL \$ _____	
		RECEIPT CK/CSH _____ AMOUNT _____ DATE _____ BY: _____	